

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 | 578986

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	6	←	6	←		←
TOTAL CLAIMS	8	[QR]	8	[QR]		[QR]

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.					↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[QR]		[QR]		[QR]